

FOCUS GROUP MEETING

July 11, 2011

PRESENT: Director Craig Burr, Dr. Richard Garden, Frank Bedelle, Norma Bench, Teresa Keener, Geraldine VanDyke, Roy Droddy, Wayne Parker, Helena Ashley, Lacey Harris, Molly Prince, Lilas Park, Jenn Sanchez and Barbara Hibler

Focus Group newsletter for July 11, 2011, was distributed and will be included with the meeting minutes.

Minutes from April 4, 2011 Focus Group Meeting was approved.

Craig Burr introduced Dr. Richard Garden. He is responsible for the Clinical Services at Draper and Gunnison and coordination in the County Jails and TC's.

UDC Clinical Services Review

Dr. Richard Garden, Medical Administrator, Clinical Services Bureau

Handout discussed and prepared by Molly Prince

Suggestions regarding medical treatment at Utah State Prison:

1. Timely access to medical treatment particularly in emergency and semi-emergency situations.
2. Medical staff performing their duties to the best of their abilities with compassion and integrity. This includes talking to inmates as human beings, not as scum of the earth. If a medical staff doesn't remember their calling into the healing world, or doesn't like working with inmates they should find employment elsewhere. Molly asked if medical are to wear ID.

Doctor Garden stated that it is important to find out as much information as possible about staff if they do not wear a name badge so that we can talk to them.

Craig Burr stated that if the institution is locked down only emergency situations are allowed to go to medical. They do not allow the medical staff onto the unit unless it is an emergency.

3. Information and clear communication should be provided to every inmate about whatever illness or condition they suffer from and the inmate should not be released from the medical visit until they are very clear on what they have, how it is treated and how the inmate needs to care for themselves. They should be allowed to take some notes or at least write down what their dx is so they can research or have their support system research it.

Dr. Garden stated we are not allowed to disseminate prescription information into the prison. The provider that prescribes the medication informs the inmate of the importance of anything related to the medication. We give the information about the medication to the inmate verbally.

Craig stated that there is a safety and security issue of the institution and the individual receiving the medication. Medication is looked at by other offenders as a financial gain or a high for someone else and that is the reason the security is there. It is not distributed to the officers or anyone else, it is just shared verbally to the offender. Dr. Garden and Craig Burr will discuss this issue with Director Steve Turley.

There was an audit just completed on caseworkers regarding work assignments. Director Turley suggested to the Auditors that there is a need for training across the board. That should be happening this fall. There will also be a training manual that they will have at their desk of what should be done daily.

4. Inmates need to be given written information about their prescriptions at least upon the first use, such as side effects to watch for, what to avoid. This will assist them in partnering in their treatment and recovery. In most cases, inmates are not currently being given any information about their medications. We as family and community supporters have to print it off the internet and mail it in to them. In some cases, they have finished their course of treatment before the information gets to them by mail.

5. Informed consent. Every inmate has the right to clearly understand whatever procedure they are to undergo, the risks and benefits. Whether at the prison site or at the U of U medical center or other medical facility that is off prison grounds.

6. Every inmate should be aware of how to get a HIPPA release signed for their family or other designated support system to be able to communicate about concerns related to the medical condition. They should not have to go through a medical administrator to get someone from medical to take it to their caseworker to have inmate sign. The caseworkers on each block need to understand and know about these releases, where to get them, who to give them to once signed. This is because the prison requires it.

7. If an inmate presents repeatedly for the same ailment then medical staff needs to take them seriously and dig a bit deeper and do more complete exams to figure out what is wrong, rather than allow the condition to progress until death is imminent before taking action to treat it.

8. The only way to do a competent evaluation of what is being presented is to actually look at it. When someone has hives or rashes and the PA or doctor is sitting across the room 4-6 feet or more away, how is the medical staff going to be able to describe the breakout in the medical notes, and how are they going to know how to differentiate what the breakout might be. There are repeated reports of inmates going to a medical appointment and the PA not even looking at what they are showing them is wrong.

9. Medical staff such as PA, Doctors, Nurses should be looking up the patients case history in the computer when they see them and review it briefly so they know what the inmate is talking about especially when the inmate is presenting with a recurring problem. That will save time and reduce irritation in both the medical staff and patient when the medical staff presents as knowing something about what the inmate is talking about.



10. Medical staff would do well to review all the medications an inmate is currently on before prescribing more. Relying on an inmate to remember everything is no more reliable than relying on a patient out in the community to remember everything when they are ill, in pain, or stressed.

Dr Garden stated that if anyone has questions you can call him or email him at rgarden@utah.gov.

Dr. Garden stated he cannot hold someone fully responsible if he does not have specifics about the person. He needs their name, location or whatever you can give him.

Craig Burr stated officers have their names on the uniforms and others should have ID's. They do not need to give out their full name, and that is something we will discuss.

We will be hiring a full-time psychotherapist at the Draper site.

Newsletter Update:

Larry Chatterton, Regional Administrator of the Box Elder, Cache, and the Rich county areas, now also supervises Davis, Morgan, Tooele and Weber county areas for AP&P services.

Jim Hudspeth is the Regional Administrator for Region III.

Kirk Moncrief is Regional Administrator for Region IV.

Geri Miller-Fox is UDC's new Training Director.

Tammy Hart, LPC received the Outstanding Alumni Award from the University of Utah's Drug and Alcohol School.

The State Library received donations through patrons for The Reading for the Blind. The majority of the books that are digitized are done at the prison facility and sent throughout the State of Utah and the United States. The new building was completed in June and will be moving into it later this month.

The Drug Offender Reform Act (DORA) now has two agents in Davis County.

Round Table

Frank Bedolla, State Director of Fathers & Families Coalition of Utah promotes Healthy Responsible Fatherhood Development in the community. Frank is an affiliate from a National Organization trying to connect fathers back into their families. He would like to work with the male offenders at the prison.

It was stated that the officers in the chapel do a great job.

It was stated that they would like a Board of Pardons and an Inmate Accounting member to attend the next Focus Meeting.

Norma Bench inquired about restitution of an inmate being sent to St Louis. (See Gary Sessions Response)

I received an email from Director Craig Burr indicating you had attended a FOCUS meeting recently. The email stated that a former offender, James Evans, reported to you that restitution payments are now sent to St. Louis, MO. You questioned why Utah would send jobs out of state.

An internal review of the Department's cash management, which included restitution payments, found that over a period of time accounting internal controls had eroded to an unsatisfactory condition.

Alternative solutions were considered which included hiring new staff, moving staff from other critical functions and contracting for cash receipting services. It was determined that contracting for services would be the best solution to an ever shrinking budget. We found that this is the trend departments of corrections and large jail systems nationally have been following for a number of years.

The Department went through a competitive bid process, selected a vendor and implemented a new cash management system. This change has brought about greater accounting internal controls, fewer errors, greater speed in getting funds on offender's accounts, maintained jobs in other critical functions, and eliminated financial losses to the Department.

Those wanting to place money on offender's accounts have options that are printed monthly on their statements. Some of the options are limited based upon the offender's location and the purpose of the payment. Those options include:

- Over the internet. Payments will be posted within 24 hours.
- By toll free phone number. Payments will be posted within 24 hours.
- Use of a local Kiosk. Those are found in a variety of locations around the state.
- By US Mail. The mail is sent to St. Louis, MO. Payments will be posted within 14 days.

Next Focus Meeting will be held on October 3rd, at 6:45.



UTAH DEPARTMENT
UDC
OF CORRECTIONS

July 11, 2011
FOCUS Newsletter
Utah Department
of Corrections

FOCUS NEWSLETTER FOR JULY 11, 2011

What is New at UDC:

Larry Chatterton, Regional Administrator of the Box Elder, Cache, and Rich county areas, now also supervises the Davis, Morgan, Tooele and Weber county areas for Adult Probation & Parole services. Larry is also a certified trainer-for-trainers in Motivational Interviewing and Level of Services Inventory.

Geri Miller-Fox is UDC's new Training Director. She provides training for new correctional officers, law enforcement officers and in-service training for existing, certified officers at both the Fred House Training Academy and the Public Safety and Educational Standards Training facility.

The Drug Offender Reform Act (**DORA**) now has two agents in the Davis County area to work with probationers, and their treatment providers.



Are you looking for ways to volunteer in your community to make Utah better?

E-mail us at: UDCProgrammingOffice@utah.gov

To Our FOCUS Group Participants

We appreciate your investment of time in this meeting and want to know how we can make it more valuable to you.
Craig Burr, Director, Programming Division

"It is wise to direct your anger towards problems – not people; to focus your energies on answers – not excuses."

--William Arthur Ward

IT TAKES COMMUNITY INVOLVEMENT TO MAKE A DIFFERENCE. THANK YOU.

Melinda White, CSW; Justice Program Manager for the Department of Human Services, Division of Human Services is UDC's link to substance abuse treatment trends and opportunities. She coordinates justice service plans for her division with us, the courts, the board, attorneys, county providers, juvenile courts and others. She also participates on our Substance Abuse Task Force and is a member of the Drug Offender Reform Act (DORA) Oversight Committee.

Tammy Hart, LPC, received the Outstanding Alumni Award from the University of Utah's Drug and Alcohol School in June. Tammy supervises the clinical staff, statewide, for the Treatment and Resource Centers within the urban Adult Probation & Parole offices.

Jennifer Anderson, PhD, is our Employee of the Quarter for July – September. She is our therapist based out of the Provo Treatment & Resource Center. She previously provided substance abuse treatment at our ConQuest Therapeutic Community.

A statewide resource that assists probationers, parolees or other citizens is available at www.211us.org. You can also call 2-1-1 or dial (801) 978-3333 or toll-free (888) 826-9790. It also has community service and volunteer opportunities.

The **Reading for the Blind** facility expansion, sponsored by the State Library, at the Draper-site prison is complete.

The Utah Department of Corrections invites you to participate in **FOCUS**. Quarterly focus group meetings are designed to encourage community involvement in offender success. Meetings take place at Adult Probation and Parole's Region Three office, 36 West Fremont Ave. (1100 South) in Salt Lake City. We meet in the conference room to the right of the main doors.

Save the Date -- Next **FOCUS** Meetings: **October 3, 2011** - 6:45 PM; and **January 9, 2012** - 6:45 PM

SUGGESTIONS REGARDING MEDICAL TREATMENT AT UTAH STATE PRISON

I know we are addressing the treatment of patients who are incarcerated in a prison setting, and I know security is a priority. I know that some inmates will attempt to manipulate the system for their own ends, such as drug seeking. However, for the most part, I believe that people who are ill, whether they are criminals or people living in the community who have never been convicted of a crime, deserve to be treated with care, compassion, dignity and respect. That is what the Utah Department of Corrections website also reports the vision and mission to be – security but creating an atmosphere that helps offenders succeed. That is not limited to educating or treating them for deviancies or addictions. It is holistic when we help people succeed and is included in how we treat them as human beings in all areas. So, the Medical Service would be a place where that could be modeled and should be the first place where inmates can access quality treatment without having to be degraded or ridiculed, or worse, ignored.

We all know that when we, as humans, are in pain, ^{and} ill, or otherwise feeling compromised or incapacitated, we may not be as polite or patient as we normally would be. This also applies to inmates. It doesn't matter why they are incarcerated. The discipline of helping professions and healing professions ethically are dedicated to helping and not causing undue physical pain, stress, or psychological damage to the patient in the pursuit of our commitment to help people heal.

With these things in mind, I would like to request that the Medical Service at Utah State Prison review their actual practices as they apply to the following areas:

1. Timely access to medical treatment, particularly in emergency and semi-emergency situations.

Inmates are at times when they need medical help put off, told to put in medical requests even when inmates tell them they believe they have an infection, hives break out, dizzy spells, allergic reactions, etc. Treating inmate patients with dignity and professionalism.

2. Medical staff performing their duties to the best of their abilities with compassion and integrity. This includes talking to inmates as human beings, not as scum of the earth. If a medical staff doesn't remember their calling into the healing world, or doesn't like working with inmates they should find employment elsewhere.

Patients (inmates) are often ridiculed, condescended to, their ailments, concerns are often trivialized, and they are already in a helpless position, and at times medical staff which is supposed to uphold the dignity of the medical profession treat them as if they deserve to be in pain, ill, or suffering.

3. Information and clear communication should be provided to every inmate about whatever illness or condition they suffer from, and the inmate should not be released from the medical visit until they are very clear on what they have, how it is to be treated, how the inmate needs to care for themselves. They should be allowed to take some notes or at least write down what their dx is so they can research or have their support system research it.

Often, inmates are rushed in and out of medical appointments so quickly they are not really clear on what their diagnosis is, or the extent of the care then need to provide for themselves over and above any medication prescribed.

breakout might be. There are repeated reports of inmates going to a medical appointment and the PA not even looking at what they are showing them is wrong.

9. Medical staff such as PAs Doctors, Nurses should be looking up the patient's case history in the computer when they see them and review it briefly so they know what the inmate is talking about, especially when the inmate is presenting with a recurring problem. That will save time and reduce irritation in both the medical staff and patient when the medical staff presents as knowing something about what the inmate is talking about for the 2nd, 3rd, or 7th time. That would then facilitate dx and tx, rather than just more history taking.
10. Medical staff would do well to review all the medications an inmate is currently on before prescribing more. Relying on an inmate to remember everything is no more reliable than relying on a patient out in the community to remember everything when they are ill, in pain, or stressed.

While I know that there are several EXCELLENT medical staff, including med techs, nurses, Physician's assistants, and doctors at Utah State Prison, it only takes a few of the staff that don't care, or worse, have an issue with inmates, or even certain classes of inmates, to give the medical service a bad name. The ATTITUDE of the medical staff will make all the difference in the world.

It must be remembered that the inmates are there for a reason. They each have been unable to be successful in living their lives in the community, so there may be some communication, social or other skills lacking. That should never be an excuse for the lack of professionalism on the part of the medical professional to act or communicate in a rude, condescending, hateful, or ridiculing manner. As Gandhi said, let us BE THE CHANGE WE WISH TO SEE IN THE WORLD.

Thank you for your time.

A handwritten signature in black ink, appearing to read "Mallynn L. L. L." with a stylized, cursive flourish at the end.

Barbara Hibler - Fwd: Restitution Payments

From: Craig Burr
To: Barbara Hibler; Jodi Huyboom; Nori Huntsman
Date: 07/19/2011 7:23 AM
Subject: Fwd: Restitution Payments

Question asked at FOCUS meeting and Gary's response.

>>> Gary Sessions 07/18/2011 2:21 PM >>>
Ms. Bench,

I received an email from Director Craig Burr indicating you had attended a FOCUS meeting recently. The email stated that a former offender, James Evans, reported to you that restitution payments are now sent to St. Louis, MO. You questioned why Utah would send jobs out of state.

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Alternative solutions were considered which included hiring new staff, moving staff from other critical functions and contracting for cash receipting services. It was determined that contracting for services would be the best solution to an ever shrinking budget. We found that this is the trend departments of corrections and large jail systems nationally have been following for a number of years.

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- Over the internet. Payments will be posted within 24 hours.
- By toll free phone number. Payments will be posted within 24 hours.
- Use of a local Kiosk. Those are found in a variety of locations around the state.
- By US Mail. The mail is sent to St. Louis, MO. Payments will be posted within 14 days.

I hope this information is helpful in understanding the recent changes.

Gary W. Sessions, CGFM
Director of Finance

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